STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

an 27 2017

I. Name of Lohbyist(s) John Shea	EW HAMPSHIRE ARTMENT
II. Name of lohhyist's partnership, firm or corporation, if aoy:	
(Name of partnership, firm or corporation)	Policy Zuskytuke
Business Address: (Street) (Town/City)	Fln. Concord NM 03301 (State) (Zin Code)
(603) <u>856-8337 × (</u> () <u>715-5</u> (Felephone)	123 e-mail Jsheaenhfyi.
III. This statement covers: (Choose one – file separate repreportable expense transactions which are not attributable	orts for each clieot, OR you may file a separate report :
All reportable transactions occurring in the months prior to the reporting date relative to the following client: Www.Mampship.F.s.col.Polity.July.Luly. (Full Name of Client as it appears on the Lobbyist Registration Form)	
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17
October 25, 2017	January 31, 2018 activity from 10/1/17 to 12/31/17
V. There have heen no fees received and no reportable of this box is checked, complete just this form and submit it to the Concord, NH 03301.	e transactions made since the last report. The Secretary of State's Office, State House, Room 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must a lif you have paid an honorarium or reimbursed expenses, you expense Reimhursement	file Addendum A- Fees and Expenses ou must file Addeodum B- Report of Honorariums or
If you, your firm, or your family has made political contrib	
worn Statemeot/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and he and complete to the best of my knowledge and helief.	
Signature of lobbyist) John Shia Print Name of lobbyist)	4/a3/17 (Date)
Print Name of lobhyist)	